| ☐ Initial Application | | | |
|-----------------------|--|--|--|
| ☐ Amended Application | | | |
| Date: 8/11/2021 | | | |



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
21-324- CT

COMMITTEE TYPE (choose one):

| Candidate Committee Name (required): (first or last name & office) | Lucy 4 City Council | | |
|--|---|--|--|
| Candidate Information: Office Sought (choose one): | Candidate's Name (required): | | |
| Party Affiliation: (required) | □ Democrat □ Libertarian □ Republican □ Other: | | |
| ☐ Political Action Comm | nittee (PAC) | | |
| Committee Name (required): (if sponsored, must include sponsor's name) | | | |
| Political Function (optional): select any that apply) | ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures | | |
| Sponsorship Information: (if applicable) | Sponsor's name or nickname (required): | | |
| Special Status must be filed (if applicable) | d with Secretary of State ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union ☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) | | |
| ☐ Political Party | | | |
| Committee Name (required): (must include party affiliation) | | | |
| Jurisdiction: | □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) | | |
| | | | |





City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

| Contact Information: | Committee's mailing address (required): | | | |
|---|--|--|--|--|
| | Committee's email address (required): | | | |
| | Committee's phone number (if any): | | | |
| | Committee's website (if any): | | | |
| Chairperson's Information: | Chairperson's name (required): | | | |
| | Chairperson's physical address (required): | | | |
| | Chairperson's mailing address (if different): | | | |
| | Chairperson's email address (required): | | | |
| | Chairperson's phone number (required): | | | |
| | Chairperson's employer (required): | | | |
| | Chairperson's occupation (required): | | | |
| Treasurer's Information: | Chairperson's occupation (required): Treasurer's name (required): Ericca Arvir | 20 (CO-TREASURER) | | |
| | Treasurer's physical address (required): 5833 E | . Eastland | | |
| | Treasurer's mailing address (if different): \(\sum_{\cupsilon} \sum_{\cupsilon} \) | 285711 | | |
| | Treasurer's email address (required): | | | |
| | Treasurer's phone number (required): | | | |
| | Treasurer's employer (required): | | | |
| | Treasurer's occupation (required): | | | |
| Bank or Financial Institution: | | | | |
| (do not list acct numbers) | | | | |
| | Additional bank name (if applicable): | / | | |
| ECLARATION AND SIGNAT | JRES: | | | |
| chairperson or treasurer of th committee and authorize it to campaign finance and reporti | erjury that the foregoing information is true and correct. I further of e committee named herein, if applicable; (2) designate the above-nar receive/make contributions/expenditures on my behalf, if applicable; ng guide; (4) agree to comply with Arizona election law, including ca agree to accept all notifications and legal service of process for car | ned committee as my official candidate (3) have read the Secretary of State's mpaign finance laws codified at A.R.S. | | |
| Chairperson's signature: | Date: _ | | | |
| Treasurer's signature: | Date: | 8 <u> </u> | | |
| | | | | |